

Wisconsin Homeless Management Information System (HMIS) Client Release of Information

As a partner agency of the Wisconsin Homeless Management Information System (HMIS), _____ (agency name) has agreed to mutually share information with other Wisconsin HMIS partner agencies about individuals and families that seek housing services in Wisconsin. This information will be shared through the Homeless Management Information System (HMIS) in order to coordinate and improve programs and services.

To make sure that you are not counted in the system twice, we need your name, birth date, gender, race and last permanent address. Only non-identifying information will be entered for clients currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation. HMIS data will also be shared with the State of Wisconsin Department of Administration, Division of Housing and combined with data for the purpose of further analysis. Your name and other identifying information will NOT be included in ANY reports or publication. The information will be stored for seven years.

All agencies participating in Wisconsin's HMIS will guard your personal information with strict security policies to protect your privacy. HMIS software is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. There are no reasonably foreseeable risks associated with participation in HMIS. However, if you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at WISPHelp@wisconsin.gov.

Your decision to participate in HMIS will not affect the services you are able to receive from this agency or other Wisconsin HMIS partner agencies. However, if you do choose to participate, the information you provide may be used to improve services in our community.

Additional agencies may join Wisconsin's HMIS and will have access to your information based on this authorization. Upon request, you are entitled to a copy of a list of current Wisconsin HMIS partner agencies before signing the release and anytime thereafter. You may withdraw your consent to release your personal information at any time.

Please check only one box:

☐ **I consent** to the inclusion of personal information in HMIS about me and my dependents listed below and authorize this information to be shared with Wisconsin HMIS partner agencies.

☐ **I do not consent** to the inclusion of my personal information in HMIS. Only non-identifying information will be used in HMIS.

☐ **I am fleeing a domestic violence situation.** Only non-identifying information will be used in HMIS.

(Adult Names) _____

(Dependent Names) _____

Adult Signature: _____ Date: _____

Adult Signature: _____ Date: _____